

IMH 1100 (10/06)

Houston Casualty Company Houston, Texas

DECLARATIONS

INVESTMENT ADVISER AND FUND PROFESSIONAL AND DIRECTORS AND OFFICERS LIABILITY INSURANCE POLICY

(THIS IS A CLAIMS MADE AND REPORTED POLICY)

Broker:	Policy Number: Renewal of:				
Item A.	Named Insured: Principal Address:				
Item B.	Policy Period: From: To: 12:01 a.m. Standard Time at the Principal Address Stated in Item A				
Item C.	Limit of Liability: \$ in the aggregate for the Policy.				ate for the Policy.
Item D.	Coverages (check if purchased) and Retention (Each and Every Claim):				
	X	Insuring Agreen	nent A(1):	\$ 0	each Claim
	X	Insuring Agreen	nent A(2):	\$ 0	each Claim
	X	Insuring Agreen	nent A(3):	\$ 0	each Claim
		Insuring Agreen	nent B(1):		each Claim
		Insuring Agreen	nent B(2):		each Claim
		Insuring Agreen	nent B(3):		each Claim
		Insuring Agreen	nent C:		each Claim
	X	Insuring Agreen	nent D:	\$0	each Claim
		Insuring Agreen	nent E:		each Claim
Item E.	Premium:	\$			
Item F.	Insured Pe	ercentage: 100% of	Loss		
Item G.	 Premium for Optional Extension Period: 150% of the total premium. Length of Optional Extension Period: 365 days. 				
Item H.	Prior and Pending Litigation Date:				
Item I.	Form numbers of endorsements attached at issuance: IMH1000, DH009M, IMH2B1, IMH2P2, IMH2XX1, IMH3B1, IMH3C1, IMH4E1, IMH4H1, DH4001, IMH4XX2, DH4006, IMH4XX12, IMH4XX13, DH4005, DHMANU03, IMH8XX1, IMH9A2, IMH9C1, DHMANU04, DHMANU05, DH008				
Item J.	Notice of Claim: Tokio Marine HCC - D&O Group 8 Forest Park Drive Farmington, CT 06032 Attention: Claims Manager or usclaims@tmhcc.com				
	NOTICE:				
	The insurance hereby evidenced is written by an approved non-licensed insurer in the State of Ohio and is not covered in case of insolvency				
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